

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form P-13. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

88282

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

88286

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| 1. DECEASED NAME (Type or Print) Kenneth Eugene Howe Jr. | | | 2a. DATE KNOWN OF DEATH MATED 6/30 | | | 2b. HOUR 6:45 | | |
| 3. SEX male | | | 4. RACE white | | | 5. DATE OF BIRTH 9/19/52 | | |
| 6. AGE (In years last birthday) 15 YRS. | | | IF UNDER 1 YEAR MONTHS 6 DAYS 30 | | | IF UNDER 24 HRS. HOURS 6 MIN. 45 | | |
| 7a. BIRTHPLACE (State or foreign country) Maryland | | | 7b. CITIZEN OF WHAT COUNTRY? U.S.A. | | | 8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | |
| 10. CITY OR TOWN OF DEATH Federalsburg, Md. | | | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Houston Branch Rd. | | | 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) student | | |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md. | | | 13b. COUNTY Caroline | | | 13c. CITY OR TOWN Federalsburg | | |
| 14. FATHER'S NAME Kenneth Eugene Howe | | | 15. MOTHER'S MAIDEN NAME Annie Belle Howe Sr. | | | 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | |
| 16b. SOCIAL SECURITY NO. none | | | 17. INFORMANT Annie B. Howe | | | 17. ADDRESS Federalsburg, Md. | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation due aspirated vomitus 910.0 DUE TO, OR AS A CONSEQUENCE OF (b) and inspired water 10minutes DUE TO, OR AS A CONSEQUENCE OF (c) Fresh Water Immersion 1:15minute Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last 9298 | | | | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) Non Swimmer | | | | | | | | |
| 19a. DATE OF OPERATION | | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH | | | 21b. TIME OF INJURY Month, Day, Year HOUR A.M. 6:45 P.M. 6/30/68 | | | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Either Fell or pushed into deep water | | |
| 21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | | 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) Chambers Park Lake | | | 21f. LOCATION Street or R.F.D. No. Federalsburg City or Town Caroline County Maryland State | | |
| 22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/> | | | | | | | | |
| ACTUAL SIGNATURE Harold B. Blummer | | | CHIEF MEDICAL EXAMINER <input type="checkbox"/> | | | 22b. DATE SIGNED 7/1/68 | | |
| EXAMINER'S NAME (Type) Harold B. Blummer M.D. | | | DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> | | | ADDRESS (Street, city, town, or county) Preston Caroline | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) buried | | | 23b. DATE 7/3/68 | | | 23c. NAME OF CEMETERY OR CREMATORY Bloomery Cem. | | |
| 24. FUNERAL DIRECTOR James W. Williams | | | ADDRESS Federalsburg, Md. | | | 25a. REC'D BY REGISTRAR JUL - 3 1968 | | |
| | | | | | | 25b. REGISTRAR'S SIGNATURE Charles Judge | | |

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15
30M REV. 1-69

| <div style="display: flex; justify-content: space-between;"> 08283 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08287 </div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">CERTIFICATE OF DEATH</div> | | | | | | | | | | | |
|--|--|--|---|---|--|---|---|---|--|--|--------------------------------|
| 1. DECEASED-NAME (Type or print) First Middle Last Rosa Ella Hutson | | | | | | 2a. DATE OF DEATH Month Day Year June 9 1968 | | | 2b. HOUR 620P M | | |
| 3. SEX Female | | 4. RACE White | | 5. DATE OF BIRTH July 7, 1881 | | | 6. AGE (In years last birthday) 86 YRS. | | IF UNDER 1 YEAR MONTHS DAYS | | IF UNDER 24 HRS. HOURS MIN. |
| 7a. BIRTHPLACE (State or foreign country) Maryland | | 7b. CITIZEN OF WHAT COUNTRY? U.S.A. | | 8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 9. COUNTY OF DEATH Caroline Md. | | | | | |
| 10. CITY OR TOWN OF DEATH Rural Goldsboro | | | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) None | | | 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housewife | | | 12b. KIND OF BUSINESS OR INDUSTRY None | | |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) - STATE Maryland | | | 13b. COUNTY Caroline | | | 13c. CITY OR TOWN Goldsboro | | 13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 13e. STREET AND NUMBER None | |
| 14. FATHER'S NAME First Middle Last Wesley Hutson | | | | | | 15. MOTHER'S MAIDEN NAME First Middle Last Rachel A. Price | | | | | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No | | | | 16b. SOCIAL SECURITY NO. 220-52-7937 | | 17. INFORMANT Address T Medford Hutson Greensboro, Md. | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) | | | | | | | | | | | |
| PART I. DEATH WAS CAUSED BY: | | | | | | | | | | | |
| IMMEDIATE CAUSE (a) Chr. Congestive Cardiac Failure | | | | | | | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF (b) Hypertensive Arteriosclerotic C.V. Dis. | | | | | | | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF (c) 443X | | | | | | | | | | | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | | | | | | | | | | | |
| (a) Chr. Bronchitis, (b) Chr. Cholecystitis, (c) Recurrent Cystitis | | | | | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | | | | 20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? | | | |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner) | | 21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19 | | | | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.) | | | | | |
| 21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work | | 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) | | | | 21f. LOCATION Street or R.F.D. No. | | City or Town | | County State | |
| 22a. I certify that (I) (this hospital) attended the deceased from Apr. 10, 1967 , to June 9, 1968 , that (I) (we) last saw the deceased alive on June 9, 1968 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. | | | | | | | | | | | |
| 22b. SIGNATURE <i>Charles H. Stonesifer</i> | | | | | | DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> | | 22c. DATE SIGNED June 10 '68 | | | |
| 22d. PHYSICIAN'S NAME (Type) Charles H. Stonesifer, M.D. | | | | | | 22e. ADDRESS Greensboro, Md. | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE June 12, 1968 | | 23c. NAME OF CEMETERY OR CREMATORY Greensboro | | | | 23d. LOCATION (City or Town) (County) (State) Greensboro, Caroline, Md | | | |
| 24. FUNERAL DIRECTOR <i>J. E. Boulaie</i> | | | | | | ADDRESS Greensboro, Md. | | 25a. REC'D BY REGISTRAR DATE JUN 13 1968 | | 25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i> | |

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 is to be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

| | | | |
|---|-------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Caroline</u> <u>MARYLAND</u> | | 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Dorchester</u> | |
| b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <u>Ridgley</u> | | c. LENGTH OF STAY IN ID <u>3 months</u> | |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) <u>DeFord Nursing Home</u> | | e. STREET ADDRESS <u>Hurlock R. F. D.</u> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Lewis McKinley Parks</u> | | 4. DATE OF DEATH Month Day Year <u>June 7 19 68</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Dec. 29, 1896</u> |
| 9. AGE (In years last birthday) <u>71</u> yrs. | | 10. IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lumberman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Lumberman</u> | |
| 11. BIRTHPLACE (County & State, or foreign country) <u>Grayson County, Va.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13. FATHER'S NAME <u>A. Jackson Parks</u> | | 14. MOTHER'S MAIDEN NAME <u>Eliza E. Bonnams</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>229-18-1749</u> | |
| 17. INFORMANT <u>Cecil Parks, Hurlock, Md. R. F. D.</u> | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | | |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> 4100 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Arteriosclerotic Hypertension</u> 15 years (c) <u>Cardio Vascular Diseases</u> | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Emphysema</u> | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | |
| 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. <u>19</u> | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that (I) (this hospital) attended the deceased from <u>April 6, 1968</u> to <u>June 7, 1968</u> , that (I) (we) last saw the deceased alive on <u>June 7, 1968</u> , and that death occurred <u>6:55 PM</u> from the causes and on the date stated above. | | | |
| 22a. SIGNATURE <u>W. A. Anderson</u> M.D. | | ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> | |
| 22c. PHYSICIAN'S NAME (Type) <u>W. A. Anderson, M. D.</u> | | 22d. ADDRESS <u>Denton Rd</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE THEREOF <u>June 10,</u> | |
| 23c. NAME OF CEMETERY OR CRYPT <u>Concord Cemetery</u> | | 23d. LOCATION (City, town or county) (State) <u>Federalburg, R. F. D.</u> | |
| 24. FUNERAL DIRECTOR'S SIGNATURE <u>Harvey Williams</u> | | 25a. REC'D BY REGISTRAR <u>John Judge</u> | |
| 25b. REGISTRAR'S SIGNATURE | | DATE <u>JUN 13 1968</u> | |

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
WASHINGTON, D. C. 20250

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
WASHINGTON, D. C. 20250

TO: [illegible]
FROM: [illegible]
SUBJECT: [illegible]
DATE: [illegible]
[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or letter.]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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VR A15 (4)
30M REV. 1/68

| DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | | | | | | | | | | |
|---|--|--|--|--|---|---|--|---|--|--|
| CERTIFICATE OF DEATH | | | | | | | | | | |
| 1. DECEASED-NAME (Type or print) Walter First Raver Middle Lost | | | | | 2a. DATE OF DEATH June Month 27 Day 1968 | | 2b. HOUR 1150PM | | | |
| 3. SEX Male | | 4. RACE White | | 5. DATE OF BIRTH Mar. 31, 1896 | | 6. AGE (In years last birthday) 72 YRS. | | IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HRS. HOURS MIN. | | |
| 7a. BIRTHPLACE (State or foreign country) Penna. | | 7b. CITIZEN OF WHAT COUNTRY? U.S.A. | | 8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 9. COUNTY OF DEATH Caroline Md. | | | | |
| 10. CITY OR TOWN OF DEATH Greensboro | | | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) None | | | 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Retired House Painter | | 12b. KIND OF BUSINESS OR INDUSTRY | | |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Maryland | | | 13b. COUNTY Caroline | | 13c. CITY OR TOWN Greensboro | | 13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 13e. STREET AND NUMBER None | |
| 14. FATHER'S NAME First William Middle Raver Last | | | | | 15. MOTHER'S MAIDEN NAME First No Record Middle Last | | | | | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown Yes WW 1 | | | 16b. SOCIAL SECURITY NO. 213-22-7318 | | 17. INFORMANT Address Lillie Raver Greensboro, Maryland | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Congestive Cardiac Failure DUE TO, OR AS A CONSEQUENCE OF (b) Chronic Bronchial Asthma DUE TO, OR AS A CONSEQUENCE OF (c) Chr. Congestive Pulmonary Emphysema | | | | | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 5271 | | | | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | | | 20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? | | | |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner) | | 21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19 | | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) | | | | | | |
| 21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> | | 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) | | 21f. LOCATION Street or R.F.D. No. City or Town County State | | | | | | |
| 22a. I certify that (I) (this hospital) attended the deceased from Apr. 2, 1966 , to June 27, 1968 , that (I) (we) last saw the deceased alive on June 27, 1968 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. | | | | | | | | | | |
| 22b. SIGNATURE Charles H. Stonestifer DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> | | | | | 22c. DATE SIGNED June 29, 1968 | | | | | |
| 22d. PHYSICIAN'S NAME (Type) Charles H. Stonestifer, M.D. | | | | | 22e. ADDRESS Greensboro, Md. 21639 | | | | | |
| 23a. BURIAL, CREMATION, Burial | | 23b. DATE 6-30-68 | | 23c. NAME OF CEMETERY OR CREMATORY Greensboro | | 23d. LOCATION (City or Town) (County) (State) Greensboro, Caroline, Md. | | | | |
| 24. FUNERAL DIRECTOR J.E. Boulaie ADDRESS Greensboro, Md. | | | | | 25a. REC'D BY REGISTRAR JUL - 5 1968 | | 25b. REGISTRAR'S SIGNATURE Charles Judge | | | |

TO HOSPITAL OR ATTENDING PHYSICIAN: This law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08286

CERTIFICATE OF DEATH

38290

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Caroline MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Md. b. COUNTY Caroline | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Templeville | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Templeville | |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) R D 1 Box 154 | | d. STREET ADDRESS R D 1 Box 154 | |
| 3. NAME OF DECEASED (Type or print) ELLA W. ROBINSON | | 4. DATE OF DEATH June 5, 1968 | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Nov. 21, 1878 |
| 9. AGE (In years lost birthday) 89 yrs. | | 10. IF UNDER 1 YEAR: Months 19 Days 19 Hours 19 Min. | |
| 11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | | 12. CITIZEN OF WHAT COUNTRY? U S | |
| 13. FATHER'S NAME Robert R. Whaley | | 14. MOTHER'S MAIDEN NAME Ella Rebecca MacFarland | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT Evelyn Taylor - Templeville, Md. | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac Disturbance DUE TO (b) Chronic Hypertension DUE TO (c) Dehydration & electrolyte imbalance | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4222 | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour a.m. 20 p.m. 19 | 20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | 20f. (City or town) (County) (State) |
| 21. I certify that (I) (this hospital) attended the deceased from Jan 2, 1968 to Jun 5, 1968 , that (I) (we) last saw the deceased alive on Jun 2, 1968 , and that death occurred at 11:30 AM , from causes and on the date stated above. | | | |
| 22a. SIGNATURE [Signature] | | 22b. DATE SIGNED 6/6/68 | |
| 22c. PHYSICIAN'S NAME (Type) [Signature] | | 22d. ADDRESS [Signature] | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE THEREOF 6-8-68 | 23c. NAME OF CEMETERY OR CREMATORY Templeville | 23d. LOCATION (City or Town) (County) (State) Templeville, Md. |
| 24. FUNERAL DIRECTOR [Signature] | | 25. REC'D BY REGISTRAR [Signature] | |
| 26. REGISTRAR'S SIGNATURE [Signature] | | DATE JUN 10 1968 | |



133286

Caroline

Ter Levell

P. 1 Box 124

WLA

Woods Site

Monroe E. Wheeler

June 2, 1958

Rev. Dr. Lewis

Ellis Woodson Jackson

Wesleyan - Wesleyville, W.V.

Handwritten notes in the right margin, including "Wesleyan" and "Wesleyville".

Wesleyville

Wesley

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

| DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | | | | | | | | | | | | |
|--|--|------------------------|---|---|--|---|--|---|--|--|--|--|
| MEDICAL EXAMINER'S CERTIFICATE OF DEATH | | | | | | | | | | | | |
| 1. DECEASED-NAME (Type or Print) Dennis | | | First M. | | | Middle Thomas | | | Last | | | |
| 3. SEX Male | | 4. RACE Col. | | 5. DATE OF BIRTH Oct. 10, 1949 | | 6. AGE (in years last birthday) 18 | | IF UNDER 1 YEAR MONTHS 18 DAYS 18 | | IF UNDER 24 HRS. HOURS 18 MIN. 18 | | |
| 7a. BIRTHPLACE (State or foreign country) Delaware | | | 7b. CITIZEN OF WHAT COUNTRY? U.S.A. | | | 8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | | 9. COUNTY OF DEATH Caroline | | | |
| 10. CITY OR TOWN OF DEATH Rural Greensboro | | | | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 1/4 MI. N. Of Greensboro | | | | 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Laborer | | | 12b. KIND OF BUSINESS OR INDUSTRY None | |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Delaware | | | | 13b. COUNTY New Castle | | 13c. CITY OR TOWN Wilmington | | 13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 13e. STREET AND NUMBER 1327 E. 24th. Street | | |
| 14. FATHER'S NAME Dennis R. Thomas | | | | | 15. MOTHER'S MAIDEN NAME Doris Groce | | | | | | | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | | | 16b. SOCIAL SECURITY NO. 222-34-0190 | | 17. INFORMANT Doris Thomas | | | ADDRESS 1327 E. 24 St. Wil. Del. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subdural Hematoma Fracture of skull 816.9 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. } (b) Fracture Cervical Spines DUE TO, OR AS A CONSEQUENCE OF (c) Fracture of ribs right side | | | | | | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH minutes minutes minutes | | |
| PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 8224 | | | | | | | | | | | | |
| 19a. DATE OF OPERATION | | | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | |
| 21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH | | | 21b. TIME OF INJURY Month, Day, Year 9:30 P.M. 6/23/68 | | | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Car overturned failure to make curve | | | | | | |
| 21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/> | | | 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) State Road 313 | | | 21f. LOCATION Street or R.F.D. No. City or Town County State 1/2 mile north of Greensboro Maryland | | | | | | |
| 22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/> | | | | | | | | | | | | |
| ACTUAL SIGNATURE [Signature] | | | EXAMINER'S NAME (Type) Harold B. Plummer M.D. | | | CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> | | | 22b. DATE SIGNED 6/25/68 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | | 23b. DATE 6-25-68 | | 23c. NAME OF CEMETERY OR CREMATORY Union | | | 23d. LOCATION (City or Town) (County) (State) Rural Goldsboro, Caroline | | | | |
| 24. FUNERAL DIRECTOR J.E. Boulain | | | | | | ADDRESS Greensboro, Md. | | 25a. REC'D BY REGISTRAR JUN 27 1968 | | 25b. REGISTRAR'S SIGNATURE [Signature] | | |

1933

1933

The following is a list of the names of the persons who have been
 named in the report of the Committee on the Administration of the
 Government of the District of Columbia, for the year ending June 30, 1933.
 The names are arranged in alphabetical order of the last name.
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